CHAPTER 6
LICENSURE STANDARDS FOR CORRECTIONAL FACILITIES

[Prior to 7/27/88, see Substance Abuse, Iowa Department of[805] Ch 6]

643—6.1(125) Definitions. Unless otherwise indicated, the following definitions shall apply to the specific terms used in these rules:

"Admissions" means the point in an inmate's relationship with the program at which the screening process has been completed and the inmate is to receive treatment services.

"Affiliation agreement" means a written agreement between the governing authority of the program and another organization under the terms of which specified services, space or personnel are provided to one organization by the other, but without exchange of moneys.

"Applicant" means any substance abuse treatment program which has applied for a license or renewal.

"Application" means the process through which a substance abuse treatment program applies for a license or renewal as outlined in the application procedures.

"Assessment" means the process of evaluating an inmate's strengths, weaknesses, problems, current status, and needs so that a treatment plan can be developed.

"Case management" means the process of using predefined criteria to evaluate the necessity and appropriateness of client/patient care.

"Chemical dependency" means alcohol or drug dependence or psychoactive substance use disorder as defined by the criteria in the current Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV), or by other standardized and widely accepted criteria.

"Chemical dependency rehabilitation services" means those inmate or group services that are directly related to chemical dependency or the inmate treatment plan. These services may include inmate, group, and family counseling; educational services; curriculum-based therapeutic approaches; self-help groups; and structured recreational activities. These services do not include active employment or education courses beyond the secondary level.

"Chemical substance" means alcohol, wine, spirits, and beer as defined in Iowa Code chapter 123 and controlled substances as defined in Iowa Code section 124.101.

"Commission" means the Iowa commission on substance abuse within the department.

"Concerned person" means an inmate who is receiving treatment services due to problems arising from the person's involvement or association with a correctional substance abuser or chemically dependent inmate or client/patient, and is negatively affected by the behavior of the substance abuser, chemically dependent inmate, or client/patient.

"Continuing care" means providing a specific period of structured therapeutic involvement designed to enhance, facilitate and promote transition from primary treatment to ongoing recovery.

"Continuum of care/treatment" means a structure of interlinked treatment modalities and services designed so that an inmate's changing needs will be met as that inmate moves through the treatment and recovery process.

"Contract" means a formal legal document adopted by the governing authority of the program and any other organization, agency, or individual that specifies services, personnel, or space to be provided to the program as well as the moneys to be expended in the exchange.

"Correctional substance abuse treatment facilities" means those correctional specialized unit facilities and OWI programs that provide 24-hour, live-in, seven-days-a-week substance abuse treatment services.

"Counselor" means an individual who, by virtue of education, training, or experience, provides treatment, which includes advice, opinion, or instruction, to an inmate or in a group setting to allow an opportunity for an inmate to explore the inmate's problems related directly or indirectly to substance abuse or dependence.

"Culturally and environmentally specific" means integrating into the assessment and treatment process the ideas, customs, beliefs, and skills of a given population, as well as an acceptance, awareness, and celebration of diversity regarding conditions, circumstances, and influences surrounding and affecting the development of an inmate or group.

"Department" means the Iowa department of public health.

"Designee" means the staff person or counselor who is delegated tasks, duties and responsibilities normally performed by the treatment supervisor, treatment director or executive director.

"Detoxification" means the withdrawal of an inmate from a physiologically addicting substance.

"Director" means the director of the Iowa department of public health.

"Discharge criteria" means criteria to be considered when determining appropriateness of discharge or referral to a different level of treatment.

"Discharge planning" means the process, begun at admission, of determining a client/patient's continued need for treatment services and of developing a plan to address ongoing client/patient post-treatment needs. Discharge planning may or may not include a document identified as a discharge plan.

"Division" means the division of health promotion, prevention and addictive behaviors.

"Extended residential program" means a designated unit for substance abuse treatment that is staffed 24 hours a day, seven days a week. There is a structured daily schedule. Treatment services total a minimum of 20 hours a week for no less than four months, unless the primary residential program is two months or longer.

"Facility" means a hospital, correctional institution, a program located in a judicial district, or detoxification center, or installation providing care, maintenance, and treatment for substance abusers and licensed by the department under Iowa Code section 125.13.

"Follow-up" means the process for determining the status of an inmate who has been referred to an outside resource for services or who has been discharged from the program.

"Governing body" means the individual(s), group, or agency that has ultimate authority and responsibility for the overall operation of the facility.

"Inmate" means a person confined in a correctional institution or under the supervision of the department of corrections or a judicial district department of correctional services as a result of a conviction of a public offense.

"Intake" means the process of collecting and assessing information to determine the appropriateness of admitting or retaining an inmate in a substance abuse treatment program.

"Iowa board of substance abuse certification" means the professional certification board that certifies substance abuse counselors and prevention specialists in the state of Iowa.

"Licensee" means any program licensed by the department.

"Licensure" means the issuance of a license by the department upon due process by the substance abuse commission which validates the licensee's compliance with substance abuse standards and authorizes the licensee to operate a substance abuse treatment program in the state of Iowa.

"Licensure weighting report" means the report that is used to determine the type of license for which a program qualifies based on point values assigned to areas reviewed and total number of points attained. In addition, a minimum percent value in each of three categories shall be attained to qualify a program for a license as follows: 95 percent or better rating in clinical, administrative and programming for a three-year license; 90 percent or better rating in clinical, administrative and programming for a two-year license; or less than 90 percent but no less than 70 percent rating in clinical, administrative and programming for a one-year license.

"May," in the interpretation of a standard, means an acceptable method that is recognized but not necessarily preferred.

"Outpatient program" means substance abuse services totaling a minimum of ten hours per week for no less than three months that are not assigned to a designated unit.

"Primary residential program" means a designated unit for substance abuse treatment that is staffed 24 hours a day, seven days a week. There is a structured daily schedule. Treatment services total a minimum of 30 hours per week for no less than one month.

"Program" means any partnership, corporation, association, correctional facility, governmental subdivision, or public or private organization.

"Protected classes" means classes of people who have required special legislation to ensure equality.

"Quality improvement" means the process of objectively and systematically monitoring and evaluating the quality and appropriateness of client/patient care to improve client/patient care and resolve identified problems.

"Referral agreement" means a written document defining a relationship between the program and an outside resource for the provision of inmate services that are not available within the substance abuse treatment program.

"Rehabilitation" means assisting an inmate to attain the fullest physical, mental, social, vocational, and economic usefulness within the inmate's own capabilities. Rehabilitation may include, but is not limited to, medical treatment, psychological therapy, occupational training, job counseling, prosocial behavioral change and domestic rehabilitation/habilitation, and education.

"Relapse" means progressively irresponsible, inappropriate and dysfunctional or criminal behavior patterns that could lead to resumption of alcohol or drug use. "Relapse" also refers to the resumption of alcohol or drug use.

"Rule" means each statement of general applicability that implements, interprets, or prescribes department law or policy, or that describes the organization, procedure or practice requirements of the department. The term includes the amendment or repeal of existing rules as specified in the Iowa Administrative Code.

"Screening" means the process by which a client/patient is determined to be appropriate and eligible for admission to a particular program. The focus is on the minimum criteria necessary for appropriateness/eligibility.

"Shall," in the interpretation of a standard, means a mandatory statement; that is, the only acceptable method under the present standards.

"Should," in the interpretation of a standard, means the commonly accepted method, yet allows for the use of effective alternatives.

"Staff" means any individual who provides services to the program on a regular basis as a paid employee, agent, or consultant or as a volunteer.

"Standards" means specifications that represent the minimum criteria of a substance abuse treatment program which are acceptable for the issuance of a license.

"Substance abuser" means an inmate who habitually lacks self-control as to the use of chemical substances or uses chemical substances to the extent that the inmate's health is substantially impaired or endangered or that the inmate's social or economic function is substantially disrupted.

"Treatment" means the broad range of planned and continuing inpatient, outpatient, and residential care services, including diagnostic evaluation, counseling, and medical, psychiatric, psychological, and social service care which may be extended to substance abusers, concerned persons, concerned family members or significant others, and which is geared toward influencing the inmate's behavior to achieve a state of rehabilitation.

"Treatment days" means days in which the treatment program is open for services or actual working days.

"Treatment plan" means a written plan which specifies the goals, activities, and services determined through process of assessment to be appropriate to meet the objective needs of the inmate.

"Treatment planning" means the process by which a counselor and client/patient identify and rank problems, establish agreed-upon goals, and decide on the treatment process and resources to be utilized.

"Treatment supervisor" means an individual who, by virtue of education, training, or experience, is capable of assessing the psychosocial history of a substance abuser to determine the treatment plan most appropriate for the inmate. This individual shall be designated by the applicant.

643—6.2(125) Inspection. Upon approval of the warden/superintendent or district director, each applicant or licensee shall agree as a condition of license to permit properly designated representatives of the department to enter into and inspect any and all premises of facilities for which a license has been either applied or issued to verify information contained in the application or to ensure compliance with all laws, rules, and regulations during all hours of operation of the facility and at any other reasonable hour. Further, each licensee shall agree to permit properly designated representatives of the department to audit and collect statistical data from all records maintained by the licensee. Right of entry and inspection shall, under due process of law, extend to any premises on which the department has reason to believe a program is being operated in violation of these rules. A facility shall not be licensed which does not permit inspection by the department or examination of all records, including financial records, methods of administration, general and special dietary programs, the disbursement of drugs and methods of supply, and any other records the commission deems relevant to the establishment of a system.

643—6.3(125) General standards for all correctional substance abuse treatment programs. The following standards shall apply to all correctional substance abuse treatment programs in the state of Iowa regardless of the category of treatment services provided by the programs. In situations in which differences between general standards for all treatment programs and specific standards occur, both general and specific standards must be met.

6.3(1) *Procedures manual.* All programs shall develop and maintain a procedures manual. This manual shall define the program's policies and procedures to reflect the program's activities. Revisions to the procedures manual shall be entered with the date, name, and title of the individual making the entries. This manual shall contain all of the required written policies, procedures, definitions, and all other documentation required by these standards in the following areas:

a. Organization and management of the program;
b. Personnel policies;
c. Medical services/detoxification;
d. Staff training;
e. Intake and initial assessment;
f. Treatment planning;
g. Inmate case records;
h. Discharge planning;
i. Inmate rights;
j. Confidentiality of inmate records;
k. Medication control;
l. Treatment philosophy;
m. Objectives;
n. The role of the coordinator/director in charge of this service;
o. Admission criteria; and
p. Interrelationship with other service components and providers.

The policies and procedures manual shall be reviewed and approved on an annual basis.

6.3(2) *Personnel.* Written personnel policies and procedures shall be developed by all programs. Merit rules may be utilized in lieu of specific program personnel policies and procedures.

a. All programs shall have written policies and procedures that address the following areas:

(1) Recruitment, selection, and certification of staff members;
(2) Recruitment and selection of volunteers;
(3) Wage and salary administration;
(4) Promotions;
(5) Employee benefits;
(6) Working hours;
(7) Vacation and sick leave;
(8) Lines of authority;
(9) Rules of conduct;
(10) Disciplinary actions and termination of employees;
(11) Methods for handling cases of inappropriate client care;
(12) Work performance appraisal;
(13) Employee accidents and safety;
(14) Employee grievances; and
(15) Policy on staff persons suspected of using or abusing substances.

b. The written personnel policies and practices shall include an equal employment opportunity policy and an affirmative action plan for hiring members of protected classes.

c. There shall be written job descriptions.

d. Job descriptions shall accurately reflect the actual job situation and shall be reviewed when necessary by the executive director or whenever there is a change in required qualifications or duties.

e. All positions shall have job descriptions included in the personnel section of the procedures manual or personnel record of the staff member.

f. The written personnel policies and practices shall include a mechanism for the written evaluation of personnel performance on at least an annual basis. Evidence that this evaluation is reviewed with the employee and that the employee is given the opportunity to respond to this evaluation shall be documented.

g. A personnel record shall be kept on each staff member. These records shall contain as applicable:

(1) Verification of training, experience, and all professional credentials relevant to the position;
(2) Documentation of a criminal records check with the Iowa division of criminal investigation;
(3) Job performance evaluations;
(4) Incident reports;
(5) Disciplinary actions taken; and
(6) Documentation of review and adherence to confidentiality laws and regulations. This review and agreement shall occur prior to assumption of duties.

h. Written policies and procedures shall be designed to ensure confidentiality of personnel records and a delineation of authorized personnel who have access to various types of personnel information.

i. Personnel providing screening, evaluations, assessments or treatment shall be certified through the Iowa board of substance abuse certification, or certified by an international certification and reciprocity consortium member board, or have education, training, and experience in the substance abuse field.

j. There shall be written policies related to the prohibition of sexual harassment.

k. There shall be written policies related to the implementation of the Americans with Disabilities Act.

6.3(3) *Medical services.* A medical history and physical examination shall be conducted for all inmates within seven days of admission to the residential OWI facility. Laboratory examinations may be completed as deemed necessary by the physician.

The program shall have written policies and procedures defining the appropriate action to be taken when a medical emergency arises and the detoxification of an inmate is necessary.

OWI facilities shall ensure by contract or affiliation agreement that emergency medical services at a general hospital are available on a 24-hour, seven-days-a-week basis.

6.3(4) *Confidentiality.* All inmate substance abuse records shall be kept confidential and shall be handled in compliance with the Confidentiality of Alcohol and Drug Abuse Patient Records regulations, 42 CFR Part 2, effective June 9, 1987, which implement federal statutory provisions, 42 U.S.C. 290dd-3, applicable to alcohol abuse client/patient records, and 42 U.S.C. 290ee-3, applicable to drug abuse client/patient records.

a. Disclosure of benefits. If the inmate gives specific written consent, the content of the record may be disclosed to legal counsel upon written endorsement by the attorney to nongovernmental personnel for the purpose of collecting health insurance claims or other benefits or to a present or potential employer when employment is conditioned upon the status or progress in a treatment program.

b. Disclosure for evaluation. Disclosure of information for research, management, audit, or evaluation purposes must be specifically authorized by the warden/superintendent or district director.

c. Record of consent. The inmate's written release of information shall be kept in the inmate's record.

d. Confidentiality orientation. A program shall ensure that all staff and inmates, as a part of their initial orientation, are made aware of the confidentiality requirements. Any decision to disclose inmate information under any provision of Iowa Code chapter 125, or other applicable federal or state rule which permits disclosure, shall be made only by the warden/superintendent or district director.

6.3(5) *Clinical oversight.* The program shall have appropriate clinical oversight to ensure quality of clinical services provided to inmates. Clinical oversight may be provided in house or through consultation. Clinical oversight may include assisting the program in developing policies and procedures relating to the assessment and treatment of psychopathology, assisting in the training of the staff and providing assistance to the clinical staff in assessment or treatment. The executive director or designee shall ultimately be responsible for clinical services and implementation of treatment services to inmates.

6.3(6) *Staff development and training.* There shall be written policies and procedures that establish staff development. Staff development shall include orientation for and opportunities for continuing job-related education.

Documentation of continuing education to maintain substance abuse certification shall meet the requirements of this subrule.

a. Evidence of substance abuse certification or orientation which includes the following: psychosocial, medical, and pharmacological information, confidentiality, and tuberculosis and blood-borne pathogens; an orientation to the program and community resources; counseling skill development; HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome) information/education; and the attitudes, values and lifestyles of racially diverse cultures, other cultures and special populations.

b. The program shall establish on-site training programs or enter into relationships with outside resources capable of meeting staff training needs.

c. The staff development program shall ensure that staff members are kept informed of new developments in the field of substance abuse treatment and rehabilitation.

d. In-service training programs shall be instituted when program operations or functions are changed and shall be designed to allow staff members to develop new skills.

e. Staff development activities and participation in state, national and regional training shall be planned and scheduled on an annual basis. These activities shall be documented in order to evaluate their scope, effectiveness, attendance, and amount of time spent on such efforts. The written plan for on-site staff development and the activities for professional growth and development of personnel shall be based on the annual needs assessment and shall be available to all personnel.

f. A record shall be kept of on-site training activities and shall include, but not necessarily be limited to, the following:

(1) Date of the meeting;

(2) Names of persons attending; and

(3) Topics discussed.

6.3(7) *Intake.* Clearly stated written criteria shall determine the eligibility of inmates for admission to level of care. The program shall have written policies and procedures governing a uniform intake process that defines the following:

a. The types of information to be gathered on all inmates upon admission; and

b. Procedures to be followed when accepting referrals.

6.3(8) *Orientation.* During the intake process, documentation shall be made that the inmate has been informed of the following:

a. General nature and goals of the correctional substance abuse program;

b. Rules governing conduct and infractions that can lead to disciplinary action or discharge from the program;

c. Inmate's rights and responsibilities;

d. Confidentiality laws, rules, and regulations; and

e. Treatment costs to be borne by the individual, if any.

6.3(9) *Assessment.*

a. Sufficient information shall be collected during the intake process so that the assessment process allows for the development of a complete assessment of the inmate's status and a comprehensive plan of treatment can be developed.

b. A complete assessment of the inmate's status, which shall include an analysis and synthesis of the intake data, shall be developed and shall address the inmate's strengths, problems, and areas of clinical concern.

c. If the initial assessment was developed by personnel of the Iowa Medical and Classification Center (IMCC) or other correctional institution personnel, the substance abuse treatment program must document review of information in the inmate's record and provide updates or amendments as applicable.

d. The following information shall be collected as part of the assessment process:

(1) Identifying information which includes name, home address, and telephone number;

(2) Demographic information which includes date of birth, sex, race or ethnicity;

(3) Presenting problem;

(4) Substance abuse history, including type, amount, frequency, and duration of substance use;

(5) Family history, which describes the family composition and dynamics;

(6) Education status and history, which describes levels of achievement;

(7) Vocational, employment status and history, which describes skills or trades learned, record of jobs held, duration, and reasons for leaving;

(8) Peers and friends, which includes a description of interpersonal relationships and interaction with persons and groups outside the home, if available;

(9) Legal history, which describes involvement with the criminal justice system;

(10) Medical and health history, including any incidences of overdoses and any physical indicators of contagious diseases for which necessary action was required in accordance with the Iowa Code;

(11) Psychological history and mental status;

(12) Any other relevant information which will assist in formulating an initial assessment of the inmate; and

(13) A financial evaluation.

6.3(10) *Treatment plans.* Based upon the initial assessment, a written treatment plan shall be developed and recorded in the inmate's case record.

a. A treatment plan shall be developed as soon after the inmate's admission to the substance abuse program as is clinically feasible, but no later than 30 days following admission.

b. The treatment plan shall, at a minimum, contain the following:

(1) A clear and concise statement of the inmate's current strengths and needs;

(2) Clear and concise statements of the short- and long-term goals the inmate will be attempting to achieve;

(3) A delineation of primary and support services to be provided to the inmate; and

(4) The staff person(s) to be responsible for the inmate's treatment.

c. Treatment plans shall be developed in conjunction with the inmate. Treatment plans shall be reviewed by the primary counselor and the inmate as often as necessary, but at least every 60 days.

d. A review shall consist of a reassessment of the inmate's current status including accomplishments and needs and a redefinition of treatment goals when appropriate. The date of the review and any change, as well as the persons involved in the review, shall also be recorded.

e. The use of abstract terms, technical jargon, or slang should be avoided in the written treatment plan.

f. Treatment plans shall be culturally and environmentally specific so as to meet the needs of the inmate. Treatment plans shall be written in a manner readily understandable to the inmate, with assistance if necessary.

g. The program shall provide the inmate with a copy of all treatment plans.

6.3(11) *Progress notes.* An inmate's progress and current status in meeting the goals set in the treatment plan as well as efforts by staff members to help the inmate achieve these stated goals shall be recorded in the inmate's case record. Information shall be noted following each inmate's counseling session. Group counseling sessions shall be summarized at least monthly for each inmate receiving group counseling services in an outpatient program. Group summaries shall be completed at least biweekly for inmates receiving residential correctional substance abuse treatment services.

a. Entries shall be filed in chronological order and shall include the date of service or the observation made, the date of the entry, and the signature or initials and staff title of the individual rendering the service. All progress notes shall be entered into the inmate's case record in permanent pen, by typewriter, or by computer. In those instances in which records are maintained electronically, a staff identification code number authorizing access shall be accepted in lieu of a signature.

b. All entries that involve subjective interpretations of an inmate's progress should be supplemented with a description of the actual behavioral observations which were the basis for the interpretations.

c. The use of abstract terms, technical jargon, or slang should be avoided in progress notes.

d. The program shall develop a uniform progress note format to be used by all clinical staff.

6.3(12) *Discharge planning.*

a. The substance abuse program shall participate in release planning through the discharge summary. The discharge summary shall contain:

(1) Summary of current strengths and weaknesses of inmate;

(2) Summary of assessment results;

(3) Summary of treatment activities;

(4) Social family support;

(5) Summary of current client status to include motivation/participation; and

(6) Recommendations that include the reason for referral and prognosis.

b. The program shall maintain a list of all substance abuse resources available within the state. The list of resources shall, at a minimum, contain the following:

(1) The name and location of the resource;

(2) The types of services provided by the resource.

6.3(13) *Quality improvement.* The program shall have an ongoing quality improvement process designed to objectively and systematically monitor and evaluate the quality and appropriateness of inmate care, pursue opportunities to improve inmate care, and resolve identified problems.

a. The program shall have a written plan for a quality improvement process. The written plan shall describe the objectives, organization, scope, and mechanisms for overseeing the effectiveness of monitoring, evaluation, and problem-solving activities.

b. The program shall establish written policies and procedures to describe and document the quality improvement process, including the monitoring and evaluation activities of the program. The policies and procedures shall ensure that:

(1) Information is collected or screened by a designated individual(s) or committee. Quality improvement activities may be contracted through all outside resources;

(2) Objective criteria are utilized in the development and application of criteria relating to the care or service the program provides; and

(3) Objective criteria are utilized in the evaluation of the information collected in order to identify important problems in, or opportunities to improve, inmate care and clinical performance.

c. The program shall document that the quality of inmate care is improved and identified problems are resolved through appropriate actions taken by the program's administrative and supervisory staff and through professional staff functions.

d. Necessary information shall be communicated among program components, modalities, or services when problems or opportunities to improve inmate care involve more than one program component or service.

e. The program shall ensure that the status of identified problems is tracked to ensure improvement or resolution.

f. The program shall ensure that information from program components or services and the findings of distinct quality improvement activities are used to detect trends, patterns of performance, and potential problems that affect more than one program component or service.

g. The objectives, scope, organization, and effectiveness of the quality improvement process are evaluated at least annually and revised as necessary.

6.3(14) *Inmate case records.* There shall be written policies and procedures governing the compilation, storage, and dissemination of inmate case records.

a. These policies and procedures shall ensure that:

(1) The program exercises its responsibility for safeguarding and protecting the inmate case record against loss, tampering, or unauthorized disclosure of information;

(2) The content and format of records are kept uniform; and

(3) The entries in the case record are signed and dated.

b. The program shall provide adequate physical facilities for the storage, processing, and handling of case records. These facilities shall include suitably locked, secured rooms or file cabinets.

c. Appropriate records shall be readily accessible to those staff members providing services directly to the inmate and other persons specifically authorized by program policy. Records should be kept in proximity to the area in which the inmate normally receives services.

d. There shall be a written policy governing the disposal and maintenance of inmate case records. Inmate case records shall be maintained for not less than seven years from the date the record is officially closed.

e. The governing body shall establish policies that specify the conditions under which information may be released and the procedures to be followed for releasing information. Even if a program is not federally funded, all policies and procedures shall be in accordance with applicable provisions of Section 408 of Public Law 92-255, the Drug Abuse Office and Treatment Act of 1972 (21 U.S.C. 1175) as amended by Section 303 of Public Law 93-282, the Comprehensive Alcohol Abuse and Rehabilitation Act amendments of 1974 (88 Stat, 137), the federal confidentiality regulations issued, and state confidentiality laws and rules.

f. An inmate's written authorization shall appear on a consent form containing the following:

(1) The name of the program which is to make the disclosure;

(2) The name or title of the person or organization to which disclosure is to be made;

(3) The name of the inmate;

(4) The purpose or need for the disclosure;

(5) The extent or nature of information to be disclosed; and

(6) Except when the inmate is a mandatory criminal justice system referral, a statement that the consent is subject to revocation at any time, date, event or condition upon which it will expire without express revocation.

g. When participation by an inmate in a treatment program is made a condition of the release of the inmate from confinement, the disposition or status of any criminal proceedings against the inmate, or the execution or suspension of any sentence imposed upon the inmate, the inmate may consent to unrestricted communication between any program in which the inmate is enrolled in fulfillment of a condition and (1) the court granting probation or other posttrial or retrial conditional release, (2) the parole board or other authority granting parole, or (3) probation or parole officers responsible for the inmate's supervision. In addition, when consent is given for disclosures in this manner, consent shall expire 60 days after it is given or when there is substantial change in the inmate's status, whichever is later.

h. All policies related to confidentiality shall apply even after the inmate has terminated active involvement with the program.

i. In a life-threatening situation, or when an inmate's condition or situation precludes the possibility of obtaining written consent, the program may release pertinent medical information to the medical personnel responsible for the inmate's care without the inmate's authorization and without the authorization of the warden/superintendent or district director or designee if obtaining authorization would cause an excessive delay in delivering treatment to the inmate.

j. When information has been released without the inmate's authorization under these standards, the staff member responsible for the release of information shall enter into the inmate's case record all details pertinent to the transaction, which shall include at least:

(1) The date the information was released;

(2) The person to whom the information was released;

(3) The reason the information was released; and

(4) The nature and details of the information given.

k. As soon as possible after the release of information, the inmate shall be informed that it was released.

l. There shall be a record for each inmate that contains the following:

(1) Results of all examinations, tests, and intake and assessment information;

(2) Reports from referring sources;

(3) Treatment plans;

(4) Medication records, which shall allow for the monitoring of all medications administered and the detection of adverse drug reactions. All medication orders in the inmate case records shall define at least the name of the medication, dose, route of administration, frequency of administration, the name of the physician who prescribed the medication, and the name of the person administering or dispensing the medication;

(5) Reports from outside resources, which shall include the name of the resource and the date of the report. These reports shall be signed by the person making the report or by the program staff member receiving the report;

(6) Multidisciplinary case conference and consultation notes if applicable, including the date of the conference or consultation, recommendations made, and action taken;

(7) Correspondence related to the inmate, including all letters and dated notations of telephone conversations relevant to the inmate's treatment;

(8) Treatment consent forms, if applicable;

(9) Information release forms;

(10) Progress notes;

(11) Records of service provided; and

(12) Discharge summary.

6.3(15) *Inmate rights.* The program shall maintain written policies and procedures that ensure that the legal rights of inmates participating in the program are observed and protected.

a. Procedures to inform all inmates of legal rights shall be available at the time of admission into the program.

b. The implementation of these procedures shall be documented.

c. Written policies and procedures for reviewing and responding to an inmate's communications, e.g., opinions, recommendations, and inmate grievances, with a mechanism for redress, shall be documented.

d. Procedures shall be designed to protect the inmate's rights and privacy with respect to facility visitors, e.g., educational or other individual or group visitations at the program.

6.3(16) *Medication control.* Policies and procedures shall be developed to ensure that all medications are administered or self-administered safely and properly in accordance with federal, state, and local laws and regulations. OWI facilities shall be in compliance with 643—subrule 3.22(19).

6.3(17) *Facilities.*

a. The facilities shall comply with rules 643—3.22(125) and 643—3.23(125) or ACA standards or other standards established by the department of corrections.

b. The facilities shall comply with rules 643—3.2(125) to 643—3.20(125).

These rules are intended to implement Iowa Code section 125.13.

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